

SCC eFile
(6/10)

**2011 ANNUAL REPORT
COMMONWEALTH OF VIRGINIA
STATE CORPORATION COMMISSION**

211529542

1.) CORPORATION NAME:

AIR FORCE AID SOCIETY, INC.

DUE DATE: **12/31/2011**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

ATTORNEY

JOCELYN WEST BRITTIN

1600 TYSONS BLVD STE 700

MCLEAN, VA 22102-4867

SCC ID NO: **04574018**

5.) STOCK INFORMATION

CLASS

AUTHORIZED

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

FAIRFAX COUNTY

4.) STATE OR COUNTRY OF INCORPORATION:

VA

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 241 18TH ST SOUTH
STE 202

CITY/ST/ZIP: ARLINGTON, VA 22202-

7.) DIRECTORS AND PRINCIPAL OFFICERS:

All directors and principal officers must be listed. An individual may be designated as both a director and an officer.

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OFFICER

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DIRECTOR

NAME: FRANK J MCKEOWN
TITLE: PRESIDENT
ADDRESS: 241 18TH STREET SOUTH
SUITE 202
CITY/ST/ZIP/CO: ARLINGTON, VA 22202-

☒

OFFICER

☐

DIRECTOR

NAME: JOHN D HOPPER JR
TITLE: EXEC DIRECTOR
ADDRESS: 241 18TH STREET SOUTH #202
CITY/ST/ZIP/CO: ARLINGTON, VA 22202-

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OFFICER

☐

DIRECTOR

NAME: LINDA EGENTOWICH
TITLE: SECRETARY
ADDRESS: 241 18TH ST SOUTH #202
CITY/ST/ZIP/CO: ARLINGTON, VA 22202-

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OFFICER

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DIRECTOR

NAME: THOMAS MACLEAY
TITLE: VICE PRESIDENT
ADDRESS: 241 18TH STREET SOUTH
SUITE 202
CITY/ST/ZIP/CO: ARLINGTON, VA 22202-

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OFFICER

☐

DIRECTOR

NAME: SIDNEY R HEETLAND
TITLE: TREASURER
ADDRESS: 241 18TH STREET SOUTH
SUITE 202
CITY/ST/ZIP/CO: ARLINGTON, VA 22202-

NAME:	MICHAEL B DONLEY	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	241 18TH ST S STE 202		
CITY/ST/ZIP/CO:	ARLINGTON, VA 22202-		
NAME:	DENNIS L FRITZ	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	241 18TH ST S STE 202		
CITY/ST/ZIP/CO:	ARLINGTON, VA 22202-		
NAME:	C BRUCE GREEN	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	241 18TH ST S STE 202		
CITY/ST/ZIP/CO:	ARLINGTON, VA 22202-		
NAME:	SANDRA A GREGORY	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	241 18TH ST S STE 202		
CITY/ST/ZIP/CO:	ARLINGTON, VA 22202-		
NAME:	RICHARD C HARDING	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	241 18TH ST S STE 202		
CITY/ST/ZIP/CO:	ARLINGTON, VA 22202-		
NAME:	WILLIAM W JENNINGS	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	241 18TH ST S STE 202		
CITY/ST/ZIP/CO:	ARLINGTON, VA 22202-		
NAME:	DARRELL D JONES	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	241 18TH ST S STE 202		
CITY/ST/ZIP/CO:	ARLINGTON, VA 22202-		
NAME:	ELLEN JUMPER	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	241 18TH ST S STE 202		
CITY/ST/ZIP/CO:	ARLINGTON, VA 22202-		
NAME:	NORMAND G LEZY	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	241 18TH ST S STE 202		
CITY/ST/ZIP/CO:	ARLINGTON, VA 22202-		
NAME:	THOMAS H MACLEAY	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	241 18TH ST S STE 202		
CITY/ST/ZIP/CO:	ARLINGTON, VA 22202-		

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	WILLIAM A MOORMAN DIRECTOR 241 18TH ST S STE 202 ARLINGTON, VA 22202-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	SUSAN L PAMERLEAU DIRECTOR 241 18TH ST S STE 202 ARLINGTON, VA 22202-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	F WHITTEN PETERS DIRECTOR 241 18TH ST S STE 202 ARLINGTON, VA 22202-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	JAMES A ROY DIRECTOR 241 18TH ST S STE 202 ARLINGTON, VA 22202-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	NORTON A SCHWARTZ DIRECTOR 241 18TH ST S STE 202 ARLINGTON, VA 22202-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	SUZIE SCHWARTZ DIRECTOR 241 18TH ST S STE 202 ARLINGTON, VA 22202-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	TOBY SLODDEN DIRECTOR 241 18TH ST S STE 202 ARLINGTON, VA 22202-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	EUGENE R SULLIVAN DIRECTOR 241 18TH ST S STE 202 ARLINGTON, VA 22202-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	EDWARD L BOLTON JR DIRECTOR 241 18TH ST S STE 202 ARLINGTON, VA 22202-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.			
/s/ SIDNEY R HEETLAND SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT		SIDNEY R HEETLAND, TREASURER PRINTED NAME AND CORPORATE TITLE	
		12/9/2011 DATE	
It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.			